

**SHB 2876 - H AMD 1023**

By Representative Moeller

Strike everything after the enacting clause and insert the following:

**NEW SECTION. Sec. 1.** A new section is added to chapter 18.22 RCW to read as follows:

(1) By December 1, 2010, the board shall repeal its rules on pain management, WAC 246-922-510 through 246-922-540.

(2) By June 30, 2011, the board shall adopt new rules on chronic, noncancer pain management that contain the following elements:

(a) Dosing criteria, including a dosage amount that must not be exceeded unless a podiatric physician and surgeon first consults with a practitioner specializing in pain management;

(b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;

(c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and

(d) Guidance on tracking the use of opioids.

(3) The board shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest professional association of podiatric physicians and surgeons in the state.

(4) The rules adopted under this section do not apply:

(a) To the provision of palliative, hospice, or other end-of-life care; or

(b) To the management of acute pain caused by an injury or a surgical procedure, except to the extent that special requirements are needed for opioid-dependent patients experiencing such acute pain.

**NEW SECTION. Sec. 2.** A new section is added to chapter 18.32 RCW to read as follows:

1 (1) By June 30, 2011, the commission shall adopt new rules on  
2 chronic, noncancer pain management that contain the following elements:

3 (a) Dosing criteria, including a dosage amount that must not be  
4 exceeded unless a dentist first consults with a practitioner  
5 specializing in pain management;

6 (b) Guidance on when to seek specialty consultation and ways in  
7 which electronic specialty consultations may be sought;

8 (c) Guidance on tracking clinical progress by using assessment  
9 tools focusing on pain interference, physical function, and overall  
10 risk for poor outcome; and

11 (d) Guidance on tracking the use of opioids.

12 (2) The commission shall consult with the agency medical directors'  
13 group, the department of health, the University of Washington, and the  
14 largest professional association of dentists in the state.

15 (3) The rules adopted under this section do not apply:

16 (a) To the provision of palliative, hospice, or other end-of-life  
17 care; or

18 (b) To the management of acute pain caused by an injury or a  
19 surgical procedure, except to the extent that special requirements are  
20 needed for opioid-dependent patients experiencing such acute pain.

21 NEW SECTION. Sec. 3. A new section is added to chapter 18.57 RCW  
22 to read as follows:

23 (1) By December 1, 2010, the board shall repeal its rules on pain  
24 management, WAC 246-853-510 through 246-853-540.

25 (2) By June 30, 2011, the board shall adopt new rules on chronic,  
26 noncancer pain management that contain the following elements:

27 (a) Dosing criteria, including a dosage amount that must not be  
28 exceeded unless an osteopathic physician and surgeon first consults  
29 with a practitioner specializing in pain management;

30 (b) Guidance on when to seek specialty consultation and ways in  
31 which electronic specialty consultations may be sought;

32 (c) Guidance on tracking clinical progress by using assessment  
33 tools focusing on pain interference, physical function, and overall  
34 risk for poor outcome; and

35 (d) Guidance on tracking the use of opioids, particularly in the  
36 emergency department.

1 (3) The board shall consult with the agency medical directors'  
2 group, the department of health, the University of Washington, and the  
3 largest association of osteopathic physicians and surgeons in the  
4 state.

5 (4) The rules adopted under this section do not apply:

6 (a) To the provision of palliative, hospice, or other end-of-life  
7 care; or

8 (b) To the management of acute pain caused by an injury or a  
9 surgical procedure, except to the extent that special requirements are  
10 needed for opioid-dependent patients experiencing such acute pain.

11 NEW SECTION. Sec. 4. A new section is added to chapter 18.57A RCW  
12 to read as follows:

13 (1) By December 1, 2010, the board shall repeal its rules on pain  
14 management, WAC 246-854-120 through 246-854-150.

15 (2) By June 30, 2011, the board shall adopt new rules on chronic,  
16 noncancer pain management that contain the following elements:

17 (a) Dosing criteria, including a dosage amount that must not be  
18 exceeded unless an osteopathic physician's assistant first consults  
19 with a practitioner specializing in pain management;

20 (b) Guidance on when to seek specialty consultation and ways in  
21 which electronic specialty consultations may be sought;

22 (c) Guidance on tracking clinical progress by using assessment  
23 tools focusing on pain interference, physical function, and overall  
24 risk for poor outcome; and

25 (d) Guidance on tracking the use of opioids, particularly in the  
26 emergency department.

27 (3) The board shall consult with the agency medical directors'  
28 group, the department of health, the University of Washington, and the  
29 largest association of osteopathic physician's assistants in the state.

30 (4) The rules adopted under this section do not apply:

31 (a) To the provision of palliative, hospice, or other end-of-life  
32 care; or

33 (b) To the management of acute pain caused by an injury or a  
34 surgical procedure, except to the extent that special requirements are  
35 needed for opioid-dependent patients experiencing such acute pain.

1        NEW SECTION.    **Sec. 5.**    A new section is added to chapter 18.71 RCW  
2 to read as follows:

3        (1) By December 1, 2010, the commission shall repeal its rules on  
4 pain management, WAC 246-919-800 through 246-919-830.

5        (2) By June 30, 2011, the commission shall adopt new rules on  
6 chronic, noncancer pain management that contain the following elements:

7        (a) Dosing criteria, including a dosage amount that must not be  
8 exceeded unless a physician first consults with a practitioner  
9 specializing in pain management;

10        (b) Guidance on when to seek specialty consultation and ways in  
11 which electronic specialty consultations may be sought;

12        (c) Guidance on tracking clinical progress by using assessment  
13 tools focusing on pain interference, physical function, and overall  
14 risk for poor outcome; and

15        (d) Guidance on tracking the use of opioids, particularly in the  
16 emergency department.

17        (3) The commission shall consult with the agency medical directors'  
18 group, the department of health, the University of Washington, and the  
19 largest professional association of physicians in the state.

20        (4) The rules adopted under this section do not apply:

21        (a) To the provision of palliative, hospice, or other end-of-life  
22 care; or

23        (b) To the management of acute pain caused by an injury or a  
24 surgical procedure, except to the extent that special requirements are  
25 needed for opioid-dependent patients experiencing such acute pain.

26        NEW SECTION.    **Sec. 6.**    A new section is added to chapter 18.71A RCW  
27 to read as follows:

28        (1) By June 30, 2011, the commission shall adopt new rules on  
29 chronic, noncancer pain management that contain the following elements:

30        (a) Dosing criteria, including a dosage amount that must not be  
31 exceeded unless a physician assistant first consults with a  
32 practitioner specializing in pain management;

33        (b) Guidance on when to seek specialty consultation and ways in  
34 which electronic specialty consultations may be sought;

35        (c) Guidance on tracking clinical progress by using assessment  
36 tools focusing on pain interference, physical function, and overall  
37 risk for poor outcome; and

1 (d) Guidance on tracking the use of opioids, particularly in the  
2 emergency department.

3 (2) The commission shall consult with the agency medical directors'  
4 group, the department of health, the University of Washington, and the  
5 largest professional association of physician assistants in the state.

6 (3) The rules adopted under this section do not apply:

7 (a) To the provision of palliative, hospice, or other end-of-life  
8 care; or

9 (b) To the management of acute pain caused by an injury or a  
10 surgical procedure, except to the extent that special requirements are  
11 needed for opioid-dependent patients experiencing such acute pain.

12 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.79 RCW  
13 to read as follows:

14 (1) By June 30, 2011, the commission shall adopt new rules on  
15 chronic, noncancer pain management that contain the following elements:

16 (a) Dosing criteria, including a dosage amount that must not be  
17 exceeded unless an advanced registered nurse practitioner or certified  
18 registered nurse anesthetist first consults with a practitioner  
19 specializing in pain management;

20 (b) Guidance on when to seek specialty consultation and ways in  
21 which electronic specialty consultations may be sought;

22 (c) Guidance on tracking clinical progress by using assessment  
23 tools focusing on pain interference, physical function, and overall  
24 risk for poor outcome; and

25 (d) Guidance on tracking the use of opioids, particularly in the  
26 emergency department.

27 (2) The commission shall consult with the agency medical directors'  
28 group, the department of health, the University of Washington, and the  
29 largest professional associations for advanced registered nurse  
30 practitioners and certified registered nurse anesthetists in the state.

31 (3) The rules adopted under this section do not apply:

32 (a) To the provision of palliative, hospice, or other end-of-life  
33 care; or

34 (b) To the management of acute pain caused by an injury or a  
35 surgical procedure, except to the extent that special requirements are  
36 needed for opioid-dependent patients experiencing such acute pain.

1        NEW SECTION.   **Sec. 8.**   The boards and commissions required to adopt  
2   rules on pain management under sections 1 through 7 of this act shall  
3   work collaboratively to ensure that the rules are as uniform as  
4   practicable."

5        Correct the title.

EFFECT:     The striking amendment:   (1) Requires the new pain  
management rules to be adopted by June 30, 2011, instead of December 1,  
2010; (2) removes the requirement that the dosing criteria be based on  
the guidelines developed by the Agency Medical Directors' Group and  
instead requires that the dosing guidelines include a dosage amount  
that may not be exceeded without consulting a pain management  
specialist; (3) exempts end-of-life care from the rules relating to  
podiatric physicians and surgeons (which makes the rules uniform with  
the rest of the boards' and commissions' rules); (4) requires that the  
boards and commissions adopting the rules consult with the largest  
professional organizations of the professions they regulate (instead of  
requiring them all to consult with the Washington State Medical  
Association); and (5) removes the provisions requiring the Optometry  
Board to adopt pain management rules.

--- END ---